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ABSTRACT

To evaluate the use of radio as a means of recruiting minority students into the health fields, 11 schools in the San Francisco Bay Area were selected to participate in a program of weekly radio broadcasts studying 11 health professions with manpower shortages. A combination panel and question and answer format was used for the broadcasts. Meetings were held with school representatives before the program began to discuss topics, objectives, and other technical matters as well as after the fourth broadcast to assess reactions and difficulties encountered. A followup survey was conducted after the series ended. Although attendance figures and other statistical data were incomplete, the project staff reported that the programs were effective in producing interest and enthusiasm, particularly in schools in which faculty and administrators took a personal interest in helping disadvantaged students examine their interests and capabilities. Results demonstrate that two-way radio broadcasts are a promising means of recruiting disadvantaged students into the health professions. Recommendations are provided for planning, staff, physical arrangements, criteria for panelists, student participation, publicity, followup coordination, and reporting procedures. (SB)

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A report on the use of radio as a recruitment tool for health occupations

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U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service National Institutes of Health

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& WELFARE
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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service, National Institutes of Health

Bureau of Health Professions Education and Manpower Training
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FOREWORD

This is a report on the experimental use of two-way radio broadcasts in recruiting students to the health professions. The pilot project was conducted by the University of California San Francisco Medical Center under contract with the Division of Physician Manpower, National Institutes of Health. It created an awareness of health career opportunities on the part of high school students in poverty areas, showed how minority group students can be motivated to obtain further information about specific training programs and employment opportunities, and provided insights into improvements that can be made in the vocational counseling process within the schools.

It is hoped that the report will be useful to vocational counselors and others seeking to interest minority group students in particular in career opportunities in the health occupations.

Dr. Seymour Farber, Dean of Education Services and Director of Continuing Education for the Health Sciences at the Medical Center, was project director, assisted by Dr. L. S. Kimbrough, Dr. Roger H. L. Wilson, and Mrs. Lillian McCall.

The Division of Physician Manpower provides a Federal focus for activities concerned with increasing the supply and enhancing effectiveness of physician manpower. It awards contracts and research grants to accelerate research and demonstrations directed toward developing new concepts that improve the quality of educational programs. DPM support of programs designed to make maximum use of all health manpower resources is a part of its larger effort to alleviate the shortage of physicians.

Dr. Frank W. McKee, Director
Division of Physician Manpower

BACKGROUND

During the fall semester of 1968, the Continuing Education in Health Sciences staff of the University of California San Francisco Medical Center conducted an experimental series of two-way radio broadcasts dealing with careers in the health professions. The project was carried on under a contract with the Division of Physician Manpower of the National Institutes of Health with the purpose of evaluating the use of two-way radio as a tool in recruiting students into the health occupations. Emphasis was on reaching minority group high school students, providing them with accurate information on the health professions, encouraging them to ask questions about career opportunities, and overcoming some of their negative attitudes about programs to help them. Results of the pilot series were judged both tangible and positive by the project staff, and its accomplishments and shortcomings have significant implications for those involved in the vocational counseling and manpower recruitment fields.

The experiment was the beginning of an effort to develop under-privileged youth in the area as a resource for much-needed health manpower, while at the same time providing motivation for young people to remain in school. For the first time students, counselors, minority groups, continuing education and health professionals – people who had never been in touch with each other before – had contact, working toward a mutually beneficial goal. Their success was found to be in direct proportion to the personal efforts extended and the interest involved.

Perhaps the most important lesson of the program was that it showed the inadequacy of a one-shot approach in attracting students to any professional career and pointed up the necessity for relating whatever is done to the objectives of vocational counseling in the schools. Counselors poorly prepared to cope with the questions and

interest stimulated by the broadcasts and lack of follow-up programs to nurture this new interest are wasteful in terms of the goals to be accomplished. Such deficiencies also reinforce the feelings of minority students that efforts in their behalf consist of "big plans, big promises, and, as usual, no results." In addition since there are other local steps towards solution of the health manpower shortage that should be considered, such a project should be coordinated with the plans of a local or regional health care council.

The broadcasts have been undertaken at a time of tremendous social upheaval when youth and educational institutions are in foment, when there is recognition of the critical need for people in the health professions, when there is a new interest on the part of medical specialty leadership in developing the health manpower team. Thus it is an appropriate moment to focus on new opportunities for all youth, concentrating particularly on developing them for those who have been deprived. While the pilot two-way radio broadcast experiment described here is not a perfected model to be followed exactly, the experience with it in the San Francisco Bay area provides valuable guidelines for setting up similar low-cost programs to fill similar needs elsewhere.

Tapes of the broadcast series can be obtained from the Continuing Education Department of the University of California San Francisco Medical Center at a nominal cost.

PROGRAM FORMAT

Entitled "Graduate, Then What – Jobs in Health," the program consisted of a series of weekly radio broadcasts studying 11 of the health science professions. It was heard over a non-commercial station on Wednesday afternoons.

A combination panel and question and answer format was used. Studio participants included a professional in the health field under discussion, a recent graduate in the field, and two students from one of the participating schools who had spent a day on the job with the professional. Moderator was a University of California faculty member.

During the first half hour of the program, the panelists defined and discussed the health occupations. The second half hour was a question and answer period in which questions were presented to the panel members via telephone hook-up by student audiences gathered in auditoriums and classrooms at local high schools.

Careers selected for inquiry were those in which a personnel shortage exists. Effort was also made to choose careers where a minority group representative was available to participate in the broadcast in order to convey the existence of real opportunity to the students.

Those chosen were: dentist, inhalation therapist, laboratory assistant and technician, doctor, dietitian, medical assistant, nurse, physical and occupational therapist, podiatrist, dental hygienist and assistant, and pharmacist.

Overall format for the program was worked out by the Medical Center staff on the basis of information obtained from a preliminary meeting with school principals and counselors and from the staff investigations which preceded it. The number of programs was limited by availability of staff, time, and funds.

Staff for the project included: a project director, administrative assistant, coordinator for continuing education in health sciences, program representative and liaison with radio stations, coordinator of academic programs, project coordinator.

ORGANIZING THE PROJECT

Preliminary Contact

Preliminary contact was made with high schools in the San Francisco Bay area to assess their willingness to participate in the program and with a number of young minority group people to determine the attitudes towards health science careers upon which the approach would be based. A Negro member of the project staff, a former medical corpsman, telephoned and then visited approximately 30 school administrators, most of whom expressed interest in

taking part in the experiment. He also conducted random interviews with young black people at bowling alleys, churches, and on street corners, finding the youth to be very poorly informed about the health sciences and generally skeptical about programs intended to benefit teenagers and minority groups. Information was obtained on the best hours for conducting the programs and the most appropriate radio stations to use.

Selection of Schools

With this information in hand, 11 schools were chosen to participate in the project on the basis of:

a. willingness to cooperate
b. convenience for students of transportation to the Medical Center
c. location in or near an inner city area
d. high percentage of minority group students in the school.

Meeting with Schools

The schools that had been selected were invited to send representatives to a preliminary planning meeting with the project staff at the Medical Center to discuss suitable program topics, format, costs, promotion, and other technical matters. Objectives and general format of the program were explained against the background of the severe manpower shortage in the health professions as well as the added difficulty of recruiting young people into these careers with so little detailed information suited to individual needs. The principals and counselors and teachers assembled were also told that they would be directly involved in planning of the individual programs. Each participating school took responsibility for: selection of two students to participate in an assigned program; assembling students at a given place to listen to the broadcasts; supervision of student participation in the question and answer session of each program. In addition the school agreed to pay the $35 cost of installing telephones in the rooms where the broadcasts were to be heard.

A second meeting was held with school representatives after the fourth broadcast to discuss initial reactions to the program and difficulties encountered. Results were assessed at a follow-up survey session after the series was over.

Publicizing the Series

Approximately 20,000 brochures were mailed to more than 200 schools in the listening area and to professional societies, hospitals, and individual leaders. Prepared by the project staff, the leaflet described purposes, format, and program content of the series. Subject, dates, and school responsible for sending student radio participants were listed for each broadcast.

A letter from the project director at the Medical Center accompanied brochures sent to district superintendent and school principals. Participating principals also received a return form in connection with payment for telephone installation and possibility of inviting other high schools to listen to the programs. Later, a letter announcing the availability of tapes of the broadcast was sent to school counselors and other interested agencies.

Additional publicity was obtained through the customary school channels including: mailers sent to students, announcements of the series in the weekly school bulletin, posters distributed throughout the school, personal visits of counselors to science classes followed by reminder notices to science teachers.

RESULTS

Although attendance figures and other statistical data were incomplete, the project staff reported that the programs were extremely effective in producing initial interest and enthusiasm in both students and counselors and in giving minority students a feeling of being needed and wanted in the health professions. Groups of regular listeners developed at almost every school where classes did not conflict with the broadcasts, and students reported consistently that the programs were more interesting and informative than regularly scheduled classes.

When student audiences were given relevant material before the broadcasts, they were interested and curious and presented a number of searching questions to the panel over the phone. Most frequently asked questions about specific health occupations were: How long does it take to prepare myself? How much does it cost? How much will I make? There were requests for specific information on particular facets of careers that were discussed, queries concerning possible discrimination on the basis of sex or color and questions relating to present health, etc. Calls also came in from students at non-participating schools and from non-students.

The pre-broadcast tours were beneficial to both student representatives and their host professionals. Students were tremendously interested and eager for more information. Many said that they had learned more in the one day spent on the job with the professional than in a full semester of standard science study, and their discussions during the broadcast were subtle, relevant, and interesting. The professionals in turn felt more personally involved with the students and disturbed by the problems faced by young people today.

The program was most successful in schools where faculty and administrators took a personal interest in helping disadvantaged students examine their interests and capabilities, gain confidence, and widen their horizons. The experience with the series was good in schools where only one staff person was responsible for planning and carrying through on the project.

A measure of the total interest in the program was the fact that all of the participating schools requested tapes of the broadcasts for future replay, and the follow-up survey of school authorities showed all those participating willing to repeat. In addition, school officials reiterated their previous requests for workshops on health occupations for counselors, more comprehensive information on the health field for their students, and expansion of the project to cover other areas as well. They also expressed particular interest in working with local institutions towards setting up training programs.

The most encouraging results, however, were the plans and ideas the students expressed. Students from several high schools credited

the broadcasts with their decision to look into the health sciences as possible career choices. Others reported that the programs had caused them to finalize previous tentative decisions to go into the health professions. In two cases the programs brought out educational opportunities of which students had been unaware, thus making a planned career feasible. Counselors also reported an upsurge of requests for information on the health professions following the end of the broadcasts.

RECOMMENDATIONS

That two-way radio broadcasts are a promising means of breaking down the psychological barriers often encountered by counselors in talking to minority group students and recruiting them into the health professions is the overall conclusion reached as a result of this pilot program. As with any experimental project, however, a number of correctable difficulties – most of them related to planning, management, and the limited basis of operation – arose at various stages of production. The following specific recommendations are offered as additional guidelines for future programs using or adapting these techniques so that the broadcasts themselves can be improved, vocational counselors prepared to make a maximum contribution, and students prepared to receive maximum benefits from them.

1. **Planning** – One or two months are needed in advance in order to plan the project with the people who will use it in the schools. Planning time should be long enough to allow the project staff to work at the schools and help them with their problems, learn what schools are doing in health career counseling, and involve them more in the project as it develops. The staff of the pilot programs found that more time than anticipated was required at the very beginning to assess the needs of each participating school, coordinate the program with existing classes, and adjust the approach to meet the level and needs of the various groups of listeners.

2. **Staff and Liaison** – The staff of the sponsoring institution should be enlarged as specific talents are required in order to

allow for specialization of function. Included should be one group to plan and produce the programs at the station and another to coordinate participation at the individual schools. Important liaison duties of the latter would include visiting schools to see how plans are progressing and what problems are arising, checking provisions for the listening room and for selection of radio program participants, integrating the program into broader educational experience and health counseling.

3. **Physical Arrangements** – Appointment of one person in each school to take complete charge of planning and carrying through on arrangements for the broadcasts should be made a requisite for participation in the program. This person's responsibility should include over-seeing installation of the direct telephone line to the studio, obtaining an FM radio to receive the broadcasts, reserving a room for the program, obtaining permission for students to leave classes to attend the broadcasts, lining up substitute people and facilities, arranging for publicity. A check list of necessary preparations should be provided to this individual.

4. **Criteria for Panelists** – To obtain livelier and more effective broadcasts, criteria for selecting panelists should be expanded to include the following:

   a. The health professional should be well-versed in his own field, have command of both casual and technical language and the ability to relate to young people without talking down to them. He should also be a minority group member, if possible.
   b. Student panel members should be those already interested in the health professions as a potential career.
   c. The moderator must have an overall knowledge and understanding of the health occupations, an interest in the broadcast project itself and the ability to direct and guide small discussion groups without inhibiting the participants.

5. **Student Participation** – Opportunity to participate in the program should be offered to all students in a school rather than to the science classes alone.

6. **Publicity** – An extensive promotion and publicity campaign should be carried on both outside and within the schools, and all intra-mural publicity efforts should be in the hands of one person. The outside campaign should include: public service announcements wherever possible to attract a larger general listening audience; support and promotion by local health and training centers; provision of supplementary information on the health professions to counselors and science teachers. Within the schools, students should be notified of programs well in advance and an effort made to talk to them personally as much as possible. In the early part of the pilot program, audiences were found to be sizeable when the student body was informed of the broadcast well ahead of time; unpublicized broadcasts in other schools drew a much smaller crowd. Later when a project staff member was assigned to visit schools before each broadcast, talking to the students personally and otherwise assisting school officials in their promotion effort, audiences doubled and tripled.

7. **Follow-Up** – Schools must be in a position to capitalize immediately on the interest aroused in health careers through additional information, tours, and work-study experience. Concurrent activities such as field trips, assemblies and speakers, films and lecturers in the science classes should be recommended to school officials during the planning stages of the project and staff assistance made available to carry them out. A workshop for counselors should be held to help equip them to answer the students' questions. The guest professionals on the broadcasts should visit individual schools. Students should be offered field trips to the local medical center and work-study courses at the medical center either during the summer or for credit during school hours.

8. **Coordination** – To obtain full benefit of progress already made in other areas, the program must be coordinated with others of larger scope such as those seeking better education for high school counselors, summer work-study opportunities for students, better liaison between high schools and institutions of higher learning, and eradication of defeatist attitudes among underprivileged young people. The effort must also be related to local or regional health care councils and local action groups working for solutions to both minority problems and labor shortages.

9. **Reporting Procedures** – Reporting procedures should be improved to better determine efficacy of the broadcasts and to provide a guide to schools in giving more effective follow-up to students. Information gathered should answer questions such as: Who heard the broadcasts? Who asked for material to read? Whom did they ask to help them? How many of the students, especially minority students, will go on to prepare for health care? What are school counselors doing differently than before?